2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 07, 2006 08:00 AM Secretary of State

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DOCUMENT # K81168 1. Enlity Name DREAM USA, INC.			S		Sec	Secretary of State		
Principal Plac C/O ATLANTI 645 DANIA E DANIA BEACI	A HOLDINGS BEACH BLVD	Mailing Address C/O ATLANTIA HOLDINGS 645 DANIA BEACH BLVD DANIA BEACH, FL 33004						
DO NOT WRITE IN THIS SPA			CE	01062006 4. FEI Numb 65-011	No Chg-P	CR2E0	34 (11/05) Applied For Not Applicable \$8.75 Additional Fee Required	
	6. Name and Address of Current Regi	stered Agent	<u> </u>					
BLACKBURN, ACE J JR COONEY MATTSON LANCE BLACKBURN RICHARDS 2312 WILTON DR. FORT LAUDERDALE, FL 33305					NOT W THIS SF			
	named entity submits this statement for the ions of registered agent.	purpose of changing its register	ed office or register	red agent, or bo	oth, in the State of Flo		familiar with, and accept	
\$1000 HZ	Signature, typed or printed name of registered agent and titl	ed Agent signature required	when reinstating)		DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.				.00 May Be led to Fees				
10.	OFFICERS AND DIRE	CTORS					•	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLACKBURN, A JR 645 E DANIA BEACH BLVD DANIA BEACH, FL 33004				~ hōooo	042445	1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDV ECONOMOU, C 645 E DANIA BEACH BLVD DANIA BEACH, FL 33004			000000424451 02/18/06-80051-0 0 4 150.00				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAGNER, J 645 E DANIA BEACH BLVD DANIA BEACH, FL 33004				DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORFIDIS, G. 645 E DANIA BEACH BLVD DANIA BEACH, FL 33004			IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME								

12. I hereby certify that the information supplied with this filing closs not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is the and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or trustee employeered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _

STREET ADDRESS CITY-SI-ZIP

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-06 954-922

Daytime Phone #